



**PART IV: DESIGNATION OF BENEFICIARY**—It is important to name BOTH primary and contingent beneficiaries for benefits payable if death occurs prior to retirement while a member of the retirement system. Such benefits may include: (1) group life insurance; and (2) the accumulated deductions credited to your account in the retirement system.

Read the accompanying instructions carefully before completing your designation of beneficiary. It is important to note that your group life insurance coverage is not effective until your date of enrollment in the system.

**GROUP LIFE INSURANCE AND RETURN OF ACCUMULATED DEDUCTIONS**

List your primary and contingent beneficiaries in the space provided. Use full given names and list all females by their given names. See additional instructions.

**PRIMARY BENEFICIARY** (no nicknames)

FULL NAME OF BENEFICIARY	RELATIONSHIP	ADDRESS	BIRTHDATE
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**CONTINGENT BENEFICIARY** (no nicknames)

FULL NAME OF BENEFICIARY	RELATIONSHIP	ADDRESS	BIRTHDATE
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**NOTE:** If you wish to name multiple beneficiaries to share equally, their names must appear in the same category. This form provides for “Lump Sum” settlement. If a different method of payment is desired for the Life Insurance, please notify the Division of Pensions and Benefits and the proper forms will be mailed.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Signature must appear same as in Part I)

**PART V: CERTIFICATION OF EMPLOYING AGENCY** (To be completed by your employer)

1a. Name of Employer: _____	b. Regular or Permanent Appointment Date: _____ Mo. Date Yr.
b. County: _____	
2a. Location No. _____ b. Bureau No. _____	7a. Current Base <b>Annual</b> Salary Only \$ _____ (no hourly or per diem rates)
c. Payroll No. _____ (State employees only)	b. <input type="checkbox"/> Ten <input type="checkbox"/> Twelve Month Employee
3. Payroll Title of Applicant: _____	
4. Is Applicant employed by more than one public employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	8. I have reviewed this application and it is correct.
5. Is this individual still considered a temporary (provisional) employee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
6a. Date employment began: _____ Mo. Date Yr.	

Signature of Certifying Officer (no stamped signatures)	Date
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